

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (2))*

This summons for (name of individual and title, if any) Accellus Health Plan, Inc.
 was received by me on (date) 11-2-15

☐ I personally served the summons on the individual at (place) _____

on (date) _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____

_____, a person of suitable age and discretion who resides there,

on (date) _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) Hebbie Tambrosia, who is
 designated by law to accept service of process on behalf of (name of organization) _____

Accellus Health Plan, Inc. on (date) 11-2-15 ^{11:20 am} ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 11-4-15

Shery Smith

Server's signature

Shery Smith Process Server

Printed name _____

15 EXCHANGE BLVD.
 SUITE 200
 ROCHESTER, NY 14614

Server's address

Additional information regarding attempted service, etc:

AFFIDAVIT OF SERVICE

UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF NEW YORK

Civil Number: 15-CV-6651
Date Filed: 10/28/2015

Plaintiff(s):

LOUANN MALTA, Individually and on behalf of All Others Similarly Situated

vs

Defendant(s):

EXCELLUS HEALTH PLAN, INC., and LIFETIME HEALTHCARE, INC.

STATE OF NEW YORK

COUNTY OF MONROE SS.:

SHEY SMITH, the undersigned, being duly sworn, deposes and says that I was at the time of service over the age of eighteen and not a party to this action. I reside in the State of New York.

On 11/2/2015 at 11:20 AM, deponent served the within **SUMMONS IN A CIVIL ACTION; CLASS ACTION COMPLAINT** on **EXCELLUS HEALTH PLAN, INC.** at 165 COURT STREET, ROCHESTER, NY 14642 in the manner indicated below:

By delivering a true copy of each to and leaving with **DEBBIE DAMBROSIO, LEGAL ADMINISTRATION** who stated he/she is authorized to accept service on behalf of the corporation/government entity.

Description:

Gender: **FEMALE**

Race/Skin: **CAUCASIAN** Age: **36 - 50 Yrs.** Weight: **131-160 Lbs.**

Height: **5' 4" - 5' 8"**

Hair:

BLACK Glasses: **NO**

Other:

Subscribed and Sworn to before me on 11/4/2015.



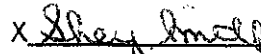
Nichole S. Cotton

Notary Public, State of New York

No. 01CO6293030

Qualified in Monroe County

Commission Expires 11/18/2017



SHEY SMITH

Job #: 38984